

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each witness.

MUR 5390
Name of Counsel: CRAIG ENGLE
Firm: ARENT FOX
Address: 1050 CONNECTICUT AVE
WASH DC 20036
Telephone No. 202 775 5791
Fax: 202 857 446395

Name of Counsel: Daniel E. Hoels
Firm: Fried Frank, et al LLP
Address: 1001 Penn Ave. N.W. Suite 800
D.C. 20004
Telephone No. 202.639.7062
Fax: 202.639.7003

Name of Counsel: DAVID A. Keppel
Firm: Fried Frank, et al LLP
Address: 1001 Pennsylvania Ave., N.W. SUITE 800
D.C. 20004
Telephone No. 202-639-7459
Fax: 202-639-7003

Name of Counsel: _____
Firm: _____
Address: _____
Telephone No. _____
Fax: _____

The above-named individual(s) are hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

Printed Name: David Glenn

Signature: [Signature]

Date: 7/12/05

Witness Name: David Glenn
Address: 400 Craig Engle, Esq.
See Above

Telephone No. _____
Fax: _____

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